



Statement on Pesticide Action Networks Advocacy to Undermine the Use of DDT in Malaria Control

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The Pesticide Action Network's coverage of DDT for malaria control is almost fraudulent in its description of scientific issues for the public health use of DDT to protect the health and lives of poor people in poor countries.

PAN describes Viet Nam's switch from use of DDT to ITNs and case treatment as if the government decided that there was a better way than by spraying houses. In fact, the government changed its approach to control of malaria because it could get no international assistance for using DDT. On the other hand, technical assistance and donor money was immediately available for using ITNs and purchasing drugs. To this day, the country has not been able to reduce its malaria burden to the low levels attained through use of IRS and DDT.

PAN describes Mexico's move to alternative methods of control as wise and deliberate. In fact, Mexico was pressured to give up its use of IRS and DDT through the North American Commission for Environmental Cooperationⁱ. The organization arose from a side agreement of the North America Free Trade Agreement and DDT was one of the first targets for environmental action. PAN does not explain that malaria remains a problem in Mexico or that Mexico has been forced to dispense curative treatments to whole neighborhoods where one or more cases of malaria occur. These neighborhood distributions of curative treatments are repeated for three consecutive months.ⁱⁱ This approach to malaria control constitutes pharmacosuppression. Drug resistant parasites will be the inevitable result of such heavy reliance on drug distributions. Additionally there are countering health risks in wide scale distributions of drug in absence of actual infection or high risk of infection. Such risks exist even for a chemical as safe as chloroquine, and even more so for amodiaquine and primaquine. In reality, the substitute for DDT in Mexico is costly pharmacosuppression, not the integrated methods of vector control as trumpeted in PAN propaganda.

There are numerous instances of PAN misrepresenting research reports. For example, the PAN cites Longnecker and coauthors for evidence that DDT and DDE cause a higher incidence of undescended testes. In fact, the authors actually report low odds ratios for such causal affects and conclude the results were "inconclusive."

Authors of the PAN propaganda refer to Longnecker's research on DDE and pre-term and small-for-gestational-age babies at birth. However, they fail to mention Longnecker's assessment in a later paperⁱⁱⁱ that, "the absence of convincing associations of DDE with preterm birth and size at birth in these studies [other studies] weighs heavily against the hypothesis of such effects." Longnecker also commented on papers showing a DDE-pregnancy loss association. "While the consistency of the DDE-pregnancy loss results is provocative, one would expect that, if DDE caused early loss, the time to pregnancy would be increased. Another recent report, however, suggests that time to pregnancy is not related to DDE."

PAN claims that DDT will lead to poor sperm quality; yet the organization quotes a study^{iv} that either finds extremely weak, or non-existent, statistical associations between DDT and sperm quality.

PAN claims that the "advocacy for increased use of the pesticide DDT for indoor residual spraying in Africa is in danger of dominating the debate on prevention strategies. This can derail much needed progress to prevent malaria with the safest and most effective strategies." This statement is incorrect and misleading. Almost the entire advocacy push for malaria prevention in recent years has focused on the distribution of insecticide treated nets and there is no conceivable danger that the effort to scale up these nets will wane. In claiming that advocacy for IRS and for the use of DDT will "derail" progress borders on fantasy. It is precisely because IRS and the use of DDT has been shunned by donors and stigmatized by groups like PAN that malaria rates have risen to a point where a child dies every thirty seconds from the disease.

The World Health Organization (WHO) made its policies on IRS and the use of DDT very clear on September 15, 2006 when Dr. Arata Kochi, head of the WHO's Global Malaria Program said, "We must take a position based on the science and the data." Dr. Kochi went on to say, "One of the best tools we have against malaria is indoor residual house spraying. Of the dozen insecticides WHO has approved as safe for house spraying, the most effective is DDT."^v

WHO bases its decision to support DDT based on the wealth of scientific evidence that finds no link between DDT and harm to human health. Unlike PAN, the WHO evaluates all the scientific data and literature and not just selected, often un-replicated, studies that may support PAN's agenda. Most importantly public health experts, malaria scientists and the WHO support the use of IRS and DDT because it is remarkably effective at saving lives. The instances of error in PAN's statement and their failure to recognize DDT's life saving properties demonstrate extreme bias in PAN's propaganda.

There are legitimate questions about possible adverse affects of DDT and DDE. However, none of the claims presented by PAN have been proven through epidemiological study and none can legitimately be proposed as reasons for not spraying DDT on the inside of house walls to save lives and protect the health of poor people in high risk environments.

References

ⁱ www.cec.org/files/PDF/POLLUTANTS/DDTQ&A-4e_EN.PDF

ⁱⁱ In 2004, to treat just 3400 cases, almost 9 million chloroquine and/or amodiaquine pills and 1.5 million primaquine pills were distributed. (<http://www.paho.org/common/Display.asp?Lang=E&RecID=9466>)

ⁱⁱⁱ Longnecker, M.P. 2005. Invited Commentary: Why DDT matters now. *Amer J Epidemiology* 162(8):726-728.

^{iv} Aneck-Hahn N.H et al “Impaired semen quality associated with environmental DDT exposure in young men living in a malaria area in the Limpopo Province, South Africa, *Journal of Andrology* 2006, DOI: 10.2164/jandrol.106001701

^v World Health Organization “WHO gives indoor use of DDT a clean bill of health for controlling malaria” WHO media release, September 15, 2006. Available at:

<http://www.who.int/mediacentre/news/releases/2006/pr50/en/index.html>